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MAY-30-1995 09:06 FROM EMPIRE TO 19049224000 P.07

8 9:20 AM

PUBLIC ACCESS SYSTEM
(((H95000005994))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000005994)))
DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: SHERIDAN GLEN, LTD.
FAX AUDIT NUMBER: H95000005994
CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/30/1995
TIME REQUESTED: 09:20:21
CERTIFIED COPIES: 1
CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 6
METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $140.00
ACCOUNT NUMBER: 072450003255

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** ENTER 'M' FOR MENU. **
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NUM CAPS Connect: 00:10:

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TALLAHASSEE, FLORIDA

CC 5/30/95 cw

(5)

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

SHERIDAN GLEN, LTD.

ARTICLE I.
NAME

SHERIDAN GLEN, LTD.

ARTICLE II.
ADDRESS OF LIMITED PARTNERSHIP

101 N. W. 72nd Avenue, Plantation, Florida 33317-2214.

ARTICLE III.
ADDRESS FOR SERVICE OF PROCESS PURSUANT TO FLORIDA STATUTE 620.105

101 N. W. 72nd Avenue, Plantation, Florida 33317-2214.

ARTICLE IV.
NAME AND ADDRESS OF GENERAL PARTNER

SHERIDAN GLEN, INC., 101 N. W. 72nd Avenue, Plantation, Florida 33317-2214.

ARTICLE V.
MAILING ADDRESS OF LIMITED PARTNERSHIP

101 N. W. 72nd Avenue, Plantation, Florida 33317-2214.

ARTICLE VI.
DATE OF DISSOLUTION

The latest date upon which the Partnership shall dissolve is December 31, 2035.

GENERAL PARTNER:

SHERIDAN GLEN, INC.,
a Florida corporation

By: _____
George E. McArdle, President

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TALLAHASSEE, FLORIDA

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Filed by:
Stewart A. Merkin, Esq.
Merkin, Levin & Ingeneley, PA
444 Brickell Ave., Suite 300
Miami, Florida 33131
Tel. (305) 358-5800
Fla. Bar No. 133444

STATE OF FLORIDA)
COUNTY OF DADE)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, George E. McArdle, President of SHERIDAN GLEN, INC., a Florida corporation, (who is personally known by me or who produced _____ as identification) and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of May, 1995.

Kathleen A. Donovan
Notary Public, State of Florida

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
KATHLEEN A DONOVAN
COMMISSION NUMBER
CC210930
MY COMMISSION EXP.
JULY 11,1998

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1995 MAY 30 PM 12:49
TALLAHASSEE, FLORIDA

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for SHERIDAN GLEN, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

SHERIDAN GLEN, INC.

By: _____
George E. McArdle, President

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1995 MAY 30 PM 12:49
TALLAHASSEE, FLORIDA

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AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared George E. McArdle, President of SHERIDAN GLEN, INC., a Florida corporation, General Partner of SHERIDAN GLEN, LTD., a Florida Limited Partnership, who, after being duly sworn, deposes and says as follows:

It is anticipated that the total amount of $7,500.00 will be contributed by the Partners of the Limited Partnership.

Further Affiant Sayeth Naught.

SHERIDAN GLEN, INC.,
a Florida Corporation,
General Partner

By: _____
George E. McArdle, President

STATE OF FLORIDA)
COUNTY OF DADE)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, George E. McArdle, President of SHERIDAN GLEN, INC., a Florida corporation, (who is personally known to me or who produced _____ as identification) and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of May, 1995.

_____
Notary Public, State of Florida

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
KATHLEEN A DONOVAN
COMMISSION NUMBER
CC210930
MY COMMISSION EXP.
JULY 11,1998

FILED
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TALLAHASSEE, FLORIDA

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ally appeared
C., a Florida
D., a Florida
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and State last

of Florida

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TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 OCT -5 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

SHERIDAN GLEN, LTD.

1a. DOCUMENT #
A95000000813

2. New Mailing Address, If Applicable
000001606756
-10/11/95--01072--023
****191.25 ****191.25

Suite, Apt #, etc

City, State & Zip

Mailing Address
101 NW 72ND AVE.
PLANTATION FL 33317-2214

Principal Office Address
101 NW 72ND AVE.
PLANTATION FL 33317-2214

2a. New Principal Office Address, If Applicable

Suite, Apt #, etc

City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	**3a.** Date of Last Report	**4.** State or Country of Formation
05/30/1995		FL

5a. Capital Contributions as Shown on Record	**5b.** Amount of Capital Contributions in FLORIDA to date	**6.** FEI Number
$7,500.00		65-0587356

7. CERTIFICATE OF STATUS REQUIRED
☐ Applied For
☐ Not Applicable
$8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

SHERIDAN GLEN, INC.
101 NW 72ND AVE.
PLANTATION FL 33317-2214

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable) [initials] 10/10/95

Suite, Apt #, etc

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ____________ DATE ________

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
SHERIDAN GLEN, INC.	101 NW 72ND AVE.	PLANTATION FL 33317	P94000030484

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this f... ...then and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Sect... ...the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 9/29/95

Typed or Printed Name of General Partner Signing Form George E. McArdle, Dir. Telephone Number (305)55-9119

0006650